



## PTPP Staff Service Rules (CSSR) Receipt and Acknowledgement

By signing this statement, I acknowledge that I have received a soft copy of the SOPs slides presented by Chip Training & Consulting (Pvt) Ltd in the SOPs Session. I also acknowledge that I have been oriented on PTPP SOPs and I am familiar with its contents and agree to abide by all the conditions of employment outlined therein.

Participant Name: \_\_\_\_\_ *W/S* \_\_\_\_\_ Position: \_\_\_\_\_ *C.H.W* \_\_\_\_\_

Signature: \_\_\_\_\_ *A* \_\_\_\_\_ Date: \_\_\_\_\_ *19/10/23* \_\_\_\_\_

### CTC Official Use

CTC Focal Person : \_\_\_\_\_

CTC Facilitator: \_\_\_\_\_